

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AH	62192	9/16/99
OLP.E. CLASSIFIER			8/16/99
FORMALITY REVIEW	WMB	68521	8/16/99

INDEX OF CLAIMS

☐ Rejected  
☐ Allowed  
☐ (Through normal)  
☐ Restricted  
☐ H  
☐ I  
☐ A  
☐ O  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims or 10 actions  
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Best Available Copy